



**#Go Young
REAL Skills 2.0 (RS2)**

POINTS OF INTEREST:

Who: Metropolitan Detroit 6th thru 12th grade students

What: Computer Coding - Tech Demonstration and Training Program
Designed and implemented by **JOURN />** , an MBK Detroit Innovation Challenge
Award Winner

Included are workshop-related field trips

Through our matching parent component, parents/caregivers are welcome and encouraged to join!

When: **SATURDAYS**, July 14 – August 18 9am - 2pm

Modifications will be announced prior to the original activity date

Where: 1. Wayne State University (WSU), *LAB A, Room 1140, First Floor, 29 PC's*

2. Ford Resource and Engagement Center (FS&EC), *Eastside Campus*

Note: Due to location availability, 6-week course will be divided into 4 weeks at WSU and 2 weeks at FS&EC.

Modifications will be announced prior to original activity date

Why: To Prepare Youth To Tackle The Issue of The Digital Divide

Logistics:

- Coleman A. Young Foundation: Website: www.cayf.org
7650 Second Avenue, Ste. 206, Detroit, MI 48202, Office: 313-962-2200 or Fax: 313-962-2208
- Barry L. Hubbard, Program Manager, Primary # 248-332-8951 or Secondary # 248-390-8934
- **RS2 is FREE!**
- Participants accepted on first-come-first-serve basis
- Healthy, catered lunch is provided
- A “Certificate of Accomplishment” will be awarded to participants who attend all workshops.
- Please complete the application online or mail it to the Foundation by July 7th
- Space is limited

Parent / caregiver:

- **RS2 Manager (Mr. Hubbard) must meet you before youth can attend RS2. This can be accomplished on day of session.**

Future Leaders:

- **Workshop attendance is required to go on field trips**

Acceptance and participation in our scholarship and after school program are the same for everyone without regard to religion, race, color, national origin, age, sex, handicap or sexual preference. COLEMAN A. YOUNG FOUNDATION, INC. IS A TAX-EXEMPT, NON-PROFIT, CHARITABLE ORGANIZATION WITH FEDERAL IDENTIFICATION NUMBER 38-2400801. DONATIONS CAN BE MADE PAYABLE TO: COLEMAN A. YOUNG FOUNDATION. MICHIGAN CHARITABLE LICENCE TO SOLICIT MICS 8599.



(SUMMER 2018)

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Student / PARENT / CAREGIVER Application

Program Locations: Wayne State University and Ford Resource and Engagement Center (Eastside Campus)

Please print or type

APPLICATION DATA

(STUDENT INFO) Name: _____
(First and Last)

Gender: Male _____ Female _____ **Birth Date:** _____ / _____ / _____ **Age** _____

Address: _____

City: _____ **State:** Mi. **Zip:** 48 _____

Student is in the _____ **th grade, at (School Name):** _____

Mr. / Ms. _____ **is the counselor.**

Students Current GPA: _____ **Students Cell Phone:** _____

(PARENT / CAREGIVER INFO) Name: _____
(First and Last)

Relationship to applicant: _____ **Cell Phone:** _____

If different from applicants, please provide:

_____ Address _____ City _____ State _____ zip _____

Household Income: \$ _____ **Household Size (Total # of adults & children):** _____

Is youth applicant eligible for Free Lunch Program? Yes _____ No _____

EMERGENCY DATA

WHOM SHOULD WE CONTACT IN CASE OF AN EMERGENCY? _____
(First and Last Name)

_____ RELATIONSHIP _____ PHONE _____ ALTERNATE PHONE _____

_____ ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT SIGNATURE: _____ **DATE:** _____ / 2018

I grant permission for my child / ward _____

Name of Student (Please Print)

to participate in the following field trips:

Date of Field Trip	Description of Field Trip	Consent to Participate in Field Trip	
		Please Circle Yes or No	
To Be Announced		Yes	No
To Be Announced		Yes	No

Please check item number and give detailed description (include any current medication or restrictions).

- | | | |
|--|--|---|
| <input type="checkbox"/> 1. Allergies | <input type="checkbox"/> 5. Past /Illnesses | <input type="checkbox"/> 9. Epilepsy /Convulsions |
| <input type="checkbox"/> 2. Respiratory Conditions | <input type="checkbox"/> 6. Neck/Spine/Back Problems | <input type="checkbox"/> 10. Past Operations |
| <input type="checkbox"/> 3. Asthma | <input type="checkbox"/> 7. Fractures | <input type="checkbox"/> 11. Other Medications |
| <input type="checkbox"/> 4. Ph Disabilities | <input type="checkbox"/> 8. Diabetes | <input type="checkbox"/> 12. Other |

Name of medical provider: _____ Telephone number: _____

Emergency name & telephone number for parent/caregiver: _____

Alternate emergency name & telephone number: _____

AUTHORIZATION TO TREAT MINOR: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the program staff to secure medical treatment for my child.

Prescription or over-the-counter medication: I certify that I have on file with the Coleman A. Young Foundation's RS2.0 Staff, a current form stating all medications that my child must take.

CONSENT FOR CHILD/WARD TO PARTICIPATE IN YOUTH SESSION OPINION SURVEY

At the end of each program session, the program participants will be asked to complete a brief (1-page) survey. The purpose of the survey is to obtain feedback from the youth participants about the program activities, to improve the program, and to determine if the program is making a positive difference for the participants. There will be no identifying information on the survey.

Please check "Yes" or "No" for child / ward to participate in the weekly survey: ___Yes ___No

- I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED.**

Parent / Caregiver Signature: _____ Date: _____/2018

THANK YOU FOR YOUR COOPERATION!